

**PRECISE CLEANING COMPANY**

**info@precisecleaningltd.com**

**07832408348**

**APPLICATION FORM**

| **PERSONAL DETAILS** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | | | | | Title: | | | | | | |
| Forename(s): | | | | | | |
| Surname: | | | | | | |
| DOB: | | | Gender : Male Օ Female Օ | | | |
| Nationality: | | | Ethnicity: | | | |
| **Contact Information** | | | | | Address: | | | | | | |
| Post Code: | | | | | | |
| Email: | | | | | | |
| Tel No. (Home): | | | | | | |
| Tel No. (Mobile): | | | | | | |
| N. I Number: | | | | | | |
| Next of Kin:  Address: | | | Relationship:  Contact: | | | |
| **DRIVING LICENCE** | | | | | | | | | | | |
| Do you have a driving licence? | | YES  NO | | | | | | | | | |
| Groups: | | | | | | | | | |
| Expiry Date: | | | | | | | | | |
| Details Of Enrolment: | | | | | | | | | |
| **RIGHT TO WORK** | | | | | | | | | | | |
| Proof of Right to Work | |  | | | | | | | | | |
| Passport Held | |  | | | | | | | | | |
| Passport Number | |  | | | | | | | | | |
| Visa Check Date | |  | | | | | | | | | |
| Annual Visa Check Due Date | |  | | | | | | | | | |
| Visa Restrictions | |  | | | | | | | | | |
| **COMPLIANCE** | | | | | | | | | | | |
| DBS TYPE | | |  | | | | | | | | |
| DBS Number | | |  | | | | | | | | |
| Issue Date | | |  | | | | | | | | |
| DBS Renewal Date | | |  | | | | | | | | |
| Full DBS Clearance | | | YES  NO | | | | | | | | |
| If DBS not clear, please **STATE** and **DATE** any clear and all unspent convictions (where necessary), cautions, reprimands and/or final warnings held | | |  | | | | | | | | |
| Risks assessment confirms worker is suitable to work | | |  | | | | | | | | |
| **EDUCATIONAL HISTORY** | | | | | | | | | | | |
| **Name of School/ College/ University** | | | **Years From/To** | | | **Qualification** | | | | | |
|  | | |  | | |  | | | | | |
| **EMPLOYMENT HISTORY** | | | | | | | | | | | |
| **Dates From/To** | | | **Name and Address of employer** | | | **Job Title** | | | **Duties and Responsibilities** | | |
|  | | |  | | |  | | |  | | |
| **REFERENCES** | | | | | | | | | | | |
| Please give details of two references (should not be your relatives or friends), one of whom should be your previous or current employer. Please indicate against your present employer’s details if you **DO NOT**  wish us to contact them prior to interview | | | | | | | | | | | |
| **FIRST REFERENCE Current / Most recent employer** | | | | | | | | | | | |
| Name ( Please Print): | | | | | | Organisation or Business Name: | | | | | |
| Position: | | | | | | Address: | | | | | |
| Email: | | | | | |
| Telephone Number: | | | | | |
| Relationship to applicant: | | | | | |
| Date of Employment:  From: To: | | | | | |
| Do you wish for us to contact them prior to the interview | | | | | |  | | | | | |

| **SECOND REFERENCE** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name ( Please Print): | | | | | | Organisation or Business Name: | | | | | |
| Position: | | | | | | Address: | | | | | |
| Email: | | | | | |
| Telephone Number: | | | | | |
| Relationship to applicant: | | | | | |
| Date of Employment:  From: To: | | | | | |
| Do you wish for us to contact them prior to the interview | | | | | |  | | | | | |

| **DECLARATION** | |
| --- | --- |
| I declare that the information I have given on this form is correct and that any misrepresentation by me may  be sufficient grounds for my dismissal if I am employed. I give my permission for my previous employer(s)  and any reference given to be contacted. | |
| Name (Please Print) :  Date: | Signed: |
| **Consent under the Data Protection Act 1998** – The information given to Precise Cleaning Limited in this form will be processed only by us for the purpose of considering your application for employment. If you are successful in your application this form and the information in it will be retained in your HR file for such time as you are an employee of Precise Cleaning Limited and for up to 6 years after the end of your employment.  Otherwise, this form will only be retained by Precise Cleaning Limited for so long as it is required in  connection with your application.  By signing this consent, you give us your express consent to retain and process all the information contained in this form and to transfer it to countries outside the European Economic area if required. | |

| Name (Please Print) :  Date: | Signed: |
| --- | --- |

| **HEALTH QUESTIONNAIRE** | |
| --- | --- |
| Please complete this form and return this with your completed application form  Answer **YES** or **NO** | |
| Surname: | Forename(s): |
| Position Applied For: | |
| Are you up to date with your immunisations (Hepatitis B, Polio, Rubella, etc) (Evidence of this will be required) Yes | |
| Do you suffer or ever had:  Diabetes?  Epilepsy?  Repetitive Strain Injury?  Back Problems?  Asthma?  Headaches(Frequent)?  Dizziness?  Rupture / Hernia?  A mental illness, including depression or anxiety?  Hearing difficulty or loss?  Any eyesight problems not corrected through the use of spectacles or contact lenses?  Do you take any regular medication? | |

| Name (Please Print) :  Date: | Signed: |
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**NOT FOR APPLICANT**

| Name (Please Print) :  Date: | Signed: |
| --- | --- |

**NB:** Send this application to our email **info@precisecleaningltd.com**